

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37346

1. PLACE OF DEATH

County Nodaway

Township Lincoln

City Burlington Jct.

(No.)

Registration District No. 5823

Primary Registration District No. 621

File No.

Registered No.

St.

Ward)

2. FULL NAME William Cass Maines

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mrs Mercy Maines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 22, 1852

7. AGE

YEARS

81

MONTHS

10

DAYS

5

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indianapolis Indiana

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Margaret Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT Clark Maines
(ADDRESS) Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burlington Jct. Mo DATE Nov 29 1933

19. UNDERTAKER J. R. Hann
(ADDRESS) Burlington Jct. Mo

20. FILED Nov 29 1933

Calvin D. Hann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Nov 27 1933

I last saw him live on Nov 27 1933 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

Gangrene of Right foot Date of onset 1933

Other contributory causes of importance:

arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed)

M. D.

(Address) Burlington Jct. Mo

